



No. of Claims After Amendment		Most Claims Previously Paid		Extra Claims			Additional Fee		
A. Total Claims	17	-	20	=	0	x	\$18	=	\$0
B. Ind. Claims	2	-	4	=	0	x	\$84	=	0
C. If amended to contain multiple dependent claims, add 280							\$280	=	\$0
D. Total Amendment Fee (Total of A, B & C)								=	0
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	0
F. Total Amendment Fee (D minus E)								=	\$0

X A check for \$ 920 to cover the extension of time fee is
attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37
C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit
any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date:

6/10/02

By:



Roberta L. Robins
Registration No. 33,208

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